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PATENT

Attorney Docket No. TRW(AP)6380

19589 U.S. PTO
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): John G. Bauer, Kurt F. Fischer, Hector Javier Zarazua Mauleon

For (title): **VENTED AIR BAG**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

- 24 Pages of specification
1 Pages Abstract
5 Pages of claims
6 Sheets of drawing
 formal (Figs.)
 informal

In addition to the above papers there is also attached: Information Disclosure Statement, PTO 1449 form with references (1)

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date June 24, 2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ET924151340 addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Deborah Denn
(Type or print name of person mailing paper)

Deborah Denn
(Signature of person mailing paper)

6. **Fee Calculation:**
 (Small entity filing fee is 50% normal fee)

CLAIMS AS FILED				
Number Filed		Number Extra	Rate	Basic Fee
Total Claims	12	-20 =	X \$ 18.00	\$ 750.00
Independent Claims	4	- 3 =	1 X \$ 84.00	84.00
Multiple dependent claim(s), if any			+ \$280.00	

- Amendment canceling extra claims enclosed
- Amendment deleting multiple dependencies enclosed
- Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$834.00**

7. **Small Entity Statement**

- The present application is being filed by or on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- | | |
|---|------------------------|
| <input checked="" type="checkbox"/> basic filing fee | <u>\$834.00</u> |
| <input checked="" type="checkbox"/> assignment recordal fee | <u>\$40.00</u> |
| <input type="checkbox"/> for processing an application with a specification in a non-English language | <u>\$ _____</u> |

Total fees enclosed \$874.00

9. **Method of Payment Fees:**

- check in the amount of **\$874.00** enclosed.
- The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- refund

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